Form B-2-E

Specific Research Project (B)

Application for Participation

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Date:

To the Director of Earthquake Research Institute, the University of Tokyo,

(Applicant) Name:

Title:

Affiliation:

Address:

Phone:

Email:

\* Academic Supervisor and his/her affiliation:

(\* For graduate students)

I wish to apply to participate in a joint research project as follows.

|  |  |
| --- | --- |
| Research Title(Research Title No.) | (Research Title Number: 20XX- B- ) |
| Purpose and Significance ofthe joint Research | \* It is not necessary to fill in this section if the applicant has already arranged research plan with the principal investigator. |